

LA TEST # 1  
TEST # 32 - STATE ONLY RETURN

12/09/04

FORMS REQUIRED: FORM 1040A

INFORMATION RETURNS ATTACHED: FORM W-2 (3)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 2: 370

STATEMENTS:

OTHER: STATE ONLY RETURN

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: LATEST A EAU DE TOILETTE	SSN: 400-00-4301
DOB: 02-14-75	OCCUPATION: SALES CLERK
DISABLED: NO	PRES ELEC FUND: YES
DAYTIME PHONE: 225-219-4301	BLIND: NO

CHECK DIGITS FROM IRS LABEL: TV

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ADDRESS: 5 GOTTA SMELL GOOD ST  
COLOGNE LA 70821

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FILING STATUS: SINGLE

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ETD TRANSMISSION:

FORM 4868:  
LINE 4: 141  
LINE 5: 912  
LINE 6: 0

FEDERAL EXTENSION UNTIL 10-15-2005

TAXABLE PURCHASES	\$1000
NATIVE AMERICAN INCOME	1800
START SAVINGS PROGRAM CONTRI	30

STATE DIRECT DEBIT: RTN: 253174576  
ACCT#: 06542153  
ACCOUNT TYPE: CHECKING  
AMOUNT OF PAYMENT: 82  
PAYMENT DATE: 10-15-2005

e-mail address:efile@lamis.gov

**LA TEST #1**  
**IRS TEST #32**

FORMS INCLUDED: FORM 1040A, FORM W-2 (3)

FORM 1040A:

First Name, MI & Last Name: (LATEST A EAU DE TOILETTE)  
Social Security Number: (400-00-4301)  
Home Address: (5 GOTTA SMELL GOOD ST)  
City, State, and Zip: (COLOGNE LA 70821)  
Do you want \$3.00 to go to the  
    Presidential Campaign Fund: (YES)  
Filing Status: (SINGLE)  
Line 7 Total wages: (51800)  
Line 8a Taxable interest: (370)  
Line 15 Total income: (52170)  
Line 21 Adjusted Gross Income: (52170)  
Line 22 Adjusted Gross Income: (52170)  
Line 24 Standard Deduction: (4850)  
Line 25 Diff line 24 from 22: (47320)  
Line 26 This is your refund: (3100)  
Line 27 Taxable Income: (44220)  
Line 28 Tax: (7794)  
Line 36: Subtract line 35 from line 28 (7794)  
Line 38: Total tax: (7794)  
Line 39: Federal income tax withheld (191)  
Line 43: Total payments: (191)  
Line 47: Amount you owe (7799)  
Line 48: Estimated tax penalty (196)  
Line 11b Routing transit number: (XXXXXXXXXX)  
Line 11d Account number: (XXXXXXXXXXXXXXXXXXXX)  
    Third Party Designee: (NO)  
    Taxpayer's Occupation: (SALES CLERK)

Form W-2 #1:

b. Employers identification number: (72-8765432)  
c. Employers name address and zip code: (SWEET AROMA HEALTH AND  
BEAUTY AIDES)  
(7 FRAGRANT WAY)  
(COLOGNE LA70821)  
d. Employees social security number: (400-00-4301)  
e. Employees name (first, mi, last): (LATEST A EAU DE TOILETTE)  
f. Employees address and zip code: (5 GOTTA SMELL GOOD ST)  
(COLOGNE LA 70821)  
Box 1 Wages, tips, etc.: (9000)  
Box 2 Federal income tax withheld: (79)  
Box 3 Social security wages: (9000)  
Box 4 Social security tax withheld: (589)  
Box 5 Medicare wages and tips: (9000)  
Box 6 Medicare tax withheld: (138)  
Box 15 State and state ID number: (LA 4870821001)  
Box 16 State wages: (9000)  
Box 17 State income tax withheld: (50)

**LA TEST #1**  
**IRS TEST #32**

Form W-2 #2:

b. Employers identification number: (72-4568821)  
c. Employers name address and zip code: (NATIONAL TRIBAL COUNCIL)  
(8566 NATURES ROADWAY)  
(COLOGNE LA 70821)  
d. Employees social security number: (400-00-4301)  
e. Employees name (first, mi, last): (**L**AATEST A EAU DE TOILETTE)  
f. Employees address and zip code: (5 GOTTA SMELL GOOD ST)  
(COLOGNE LA 70821)  
Box 1 Wages, tips, etc.: (1800)  
Box 2 Federal income tax withheld: (112)  
Box 3 Social security wages: (1800)  
Box 4 Social security tax withheld: (112)  
Box 5 Medicare wages and tips: (1800)  
Box 6 Medicare tax withheld: (26)  
Box 15 State and state ID number: (3258920001 LA)  
Box 16 State wages: (1800)  
Box 17 State income tax withheld: (0)

Form W-2 #3:

b. Employers identification number: (72-7654321)  
c. Employers name address and zip code: (US ARMY)  
(123 MILITARY BASE)  
(COLOGNE LA 70821)  
d. Employees social security number: (400-00-4301)  
e. Employees name (first, mi, last): (**L**AATEST A EAU DE TOILETTE)  
f. Employees address and zip code: (5 GOTTA SMELL GOOD ST)  
(**COLOGNE LA 70821**)  
Box 1 Wages, tips, etc.: (41000)  
Box 2 Federal income tax withheld: (0)  
Box 3 Social security wages: (41000)  
Box 4 Social security tax withheld: (2542)  
Box 5 Medicare wages and tips: (41000)  
Box 6 Medicare tax withheld: (595)  
Box 15 State and state ID number: (LA 3655115001)  
Box 16 State wages: (41000)  
Box 17 State income tax withheld: (0)

LA TEST # 1  
IRS TEST # 32

LA FORMS INCLUDED: LA FORMS IT 540, SCH E

FORM LA IT-540:

FIRST NAME INITIAL & LAST NAME:	LATEST A EAU DE TOILETTE
SOCIAL SECURITY NUMBER:	400-00-4301
HOME ADDRESS:	5 GOTTA SMELL GOOD ST
CITY STATE AND ZIP:	COLOGNE LA 70821
FILING STATUS:	SINGLE
TOTAL EXEMPTIONS:	(1)
LINE 7: FED ADJUSTED GROSS INCOME:	24548
FROM SCHEDULE E:	
LINE 8: LESS FEDERAL INCOME TAX:	7794
LINE 9: LA TAX TABLE INCOME:	16754
LINE 10: LA INCOME TAX:	335
LINE 12:ADJ LA INCOME TAX:	335
LINE 13: CONSUMER USE TAX BOX:	
CONSUMER USE TAX AMOUNT:	80
LINE 14: TOTAL INCOME AND CONSUMER USE TAX:	415
LINE15A: 2004 REFUNDABLE LOUISIANA CHILD CARE CREDIT:	
LINE 15B: OTHER REFUNDABLE CREDITS:	
LINE 15C: AMOUNT OF TAX WITHHELD FOR 2004:	50
LINE 15D: AMOUNT OF CREDIT CARRIED FORWARD FROM 2003:	
LINE 15E: AMT PAID ON YOUR BEHALF BY A COMPOSITE PARTNERSHIP:	
LINE 15F: AMOUNT OF ESTIMATED PAYMENTS FOR 2004:	
LINE 15G: AMOUNT PAID WITH EXTENSION REQUEST:	
LINE 15H: TOTAL REFUNDABLE CREDITS:	50
LINE 21 AMOUNT YOU OWE:	365
LINE 22 INTEREST :	23
LINE 24 LATE PAYMENT PENALTY:	11
LINE 26: BALANCE DUE LOUISIANA:	399

INTEREST	23.00
LATE PAYMENT PENALTY	11.00

**LA TEST # 1**  
**IRS TEST # 32**

**LA SCHEDULE E**

<b>LINE 1: FEDERAL ADJUSTED GROSS INCOME:</b>	<b>52170</b>
<b>LINE 3: TOTAL:</b>	<b>52170</b>
<b>LINE 4G: NATIVE AMERICAN INCOME:</b>	<b>1800</b>
<b>LINE 4H: OTHER:</b>	
<b>LINE 4I: START:</b>	<b>30</b>
<b>LINE 4J: MILITARY PAY EXCLUSION:</b>	<b>29999</b>
<b>LINE 4K: TOTAL:</b>	<b>31829</b>
<b>LINE 4L: FEDERAL TAX APPLICABLE TO EXEMPT INCOME:</b>	<b>4207</b>
<b>LINE 4M: NON-TAXABLE INCOME:</b>	<b>27622</b>
<b>LINE 5: LOUISIANA ADJUSTED GROSS INCOME:</b>	<b>24548</b>

LA TEST # 2  
IRS TEST # 13

**FORMS REQUIRED:** FORM 1040A, SCH 2, FORM 8812, FORM 8863, **IT540, SCH E, SCH G**

**INFORMATION RETURNS ATTACHED:** FORM W-2 (3)

**ENTRIES NOT REQUIRING FORMS:** FORM 1040A, LINE 13: 1650  
FORM 1040A, LINE 17: 1200  
(TAXPAYER: 800, SPOUSE : 400)

**STATEMENTS:** FORM 1040, LINE 6c, DEPENDENT LISTING  
SCH 2, LINE 1, CHILD CARE PROVIDERS  
SCH 2, LINE 2, QUALIFYING PERSONS

**OTHER:** DIRECT DEPOSIT  
IRA DISTRIBUTIONS RECEIVED IN 2001: 1800 (TAXPAYER)  
1500 (SPOUSE)

**THIRD PARTY DESIGNEE: NAME:** JOHN DOE  
**PHONE:** 888-555-1111  
**PIN:** 11112

**PREPARED BY:**

**TAXPAYER: NAME:** LATEST U GRASS **SSN:** 400-00-4313  
**DOB:** 01-01-1954 **OCCUPATION:** CONSULTANT  
**DISABLED:** BLIND **PRES ELEC FUND:** YES  
**DAYTIME PHONE:** NOT GIVEN **BLIND:** YES

**SPOUSE: NAME:** MAY B GRASS **SSN:** 400-00-2013  
**DOB:** 08-22-1959 **OCCUPATION:** SALESPERSON  
**DISABLED:** NO **PRES ELEC FUND:** NO  
**BLIND:** NO

**CHECK DIGITS FROM IRS LABEL:** XU

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**ADDRESS:** 74131 FESCUE DR  
SAINT THOMAS, LA 70802

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**FILING STATUS:** MARRIED FILING JOINTLY **LINE 6d:** 8

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**DEPENDENT INFORMATION:**

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD
TIMOTHY GRASS	4	400-55-3013	SON	12	X
MARY GRASS	6	400-55-4013	DAUGHTER	12	X
DAVID GRASS	8	400-55-5013	SON	12	X
SUSAN GRASS	10	400-55-6013	DAUGHTER	12	X
PHILIP GRASS	12	400-55-7013	SON	12	X
ANGELA GRASS	14	400-55-8013	DAUGHTER	12	X

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LA TEST #2

IRS TEST #13

DIRECT DEPOSIT: NAME OF INSTITUTION: SAVINGS CREDIT UNION

RTN: 253174576

ACCT #: 06542153

TYPE OF ACCT: SAVINGS

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**SCHEDULE 2:**

**PART I:**

**LINE 1:**

(a)	(b)	(c)
CHILDREN RUS 400	55 PLAY ST	SAINT THOMAS LA 70802
SUSAN CAREGIVER 800	FIRST ST NW	SAINT THOMAS LA 70802
A CHILDS PLACE 1940	16 LEARNING WAY	SAINT THOMAS LA 70802

**PART II:**

**LINE 2:**

(a)	(b)	(c)
TIMOTHY GRASS	400-55-3013	1040 (NOTE: TOTAL PAID 1340)
MARY GRASS	400-55-4013	700 (NOTE: TOTAL PAID 1000)
DAVID GRASS	400-55-5013	500 (NOTE: TOTAL PAID 800)

(NOTE: COLUMN C FOR EACH DEPENDENT IS ADJUSTED BY \$300 EACH OF EXCLUDED BENEFITS)

**LINE 3:** 2240

**PART III:**

**LINE 14:** 1000

**LINE 15:** 100

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**FORM 8863:**

**PART I:**

**LINE 1:**

(a)	(b)	(c)
LA TEST U GRASS	400-00-1013	2000
MAY B GRASS	400-00-2013	1500

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**ETD TRANSMISSION:**

**FORM 4868:**

**LINE 4:** 0

**LINE 5:** 6138

**LINE 6:** 0

CHILD CARE - TIMOTHY 1940

MARY 800

DAVID 400

2003 Overpayment applied to 2004: 300

Nonrefundable Louisiana Child Care 250

Military pay exclusion 4000

e-mail address: [efile@lamis.gov](mailto:efile@lamis.gov)

LA TEST #2  
IRS TEST #13

DISABLED	
TIMOTHY	BLIND
MARY	DEAF
DAVID	LOL
SUSAN	MENTALLY INCAPACITATED



**LA TEST #2**  
**IRS TEST #13**

FORMS INCLUDED: FORM 1040A, FORM W-2 (2), **IT540, SCH E, SCH G**

FORM 1040A:

First Name, MI & Last Name: (LATEST U GRASS)  
Social Security Number: (400-00-4313)  
Spouse's First Name, MI, & Last Name: (MAY B GRASS)  
Spouse's Social Security Number: (400-00-2013)  
Home Address: (74131 FESCUE DR)  
City, State, and Zip: (SAINT THOMAS LA 70802)  
Do you want \$3.00 to go to the  
Presidential Campaign Fund: (YES)  
If joint return, does your spouse  
want \$3.00 to go to this fund: (NO)  
Filing Status: (MARRIED FILING JOINTLY)  
Dependent #1 Name: (TIMOTHY GRASS)  
    Social Security Number: (400-55-3013)  
    Relationship: (SON)  
    Qualifying child for child tax credit: (X)  
Dependent #2 Name: (MARY GRASS)  
    Social Security Number: (400-55-4013)  
    Relationship: (DAUGHTER)  
    Qualifying child for child tax credit: (X)  
Dependent #3 Name: (DAVID GRASS)  
    Social Security Number: (400-55-5013)  
    Relationship: (SON)  
    Qualifying child for child tax credit: (X)  
Dependent #4 Name: (SUSAN GRASS)  
    Social Security Number: (400-55-6013)  
    Relationship: (DAUGHTER)  
    Qualifying child for child tax credit: (X)  
Dependent #5 Name: (PHILIP GRASS)  
    Social Security Number: (400-55-7013)  
    Relationship: (SON)  
    Qualifying child for child tax credit: (X)  
Dependent #6 Name: (ANGELA GRASS)  
    Social Security Number: (400-55-8013)  
    Relationship: (DAUGHTER)  
    Qualifying child for child tax credit: (X)  
Number of boxes on 6a and 6b: (2)  
Number of children who lived with you: (6)  
Total number in box 6d: (8)  
Line 7 Total wages: (42000)  
Line 13 Unemployment compensation: (1650)  
Line 15 Total income: (43650)  
Line 17 IRA deduction: (1200)  
Line 20 Total adjustments: (1200)  
Line 21 Adjusted gross income: (42450)

**LA TEST # 2**

**IRS TEST #13 (continued):**

Line 22	Amount from line 21:	(42450)
Line 23a	Taxpayer is blind:	(X)
Line 23a	Number of boxes checked:	(1)
Line 24	Standard deduction:	(10650)
Line 25	Subtract line 24 from line 22:	(31800)
Line 26	Multiply \$3100 by the total number of exemptions on line 6d:	(24800)
Line 27	Taxable income:	(7000)
Line 28	Tax:	(703)
Line 29	Credit for child care expenses:	(449)
Line 31	Education credit:	(254)
Line 35	Total credits:	(703)
Line 36	Subtract line 35 from line 28:	(0)
Line 38	Total tax:	(0)
Line 39	Federal income tax withheld:	(1490)
Line 42	Additional child tax credit:	(4688)
Line 43	Total payments:	(6178)
Line 44	Amount overpaid:	(6178)
Line 45a	Amount to be refunded:	(6178)
Line 45b	Routing transit number:	(253174576)
Line 45c	Type of account:	(SAVINGS)
Line 45d	Account number:	(06542153)
	Third party designee:	(YES)
	Designee's name:	(JOHN DOE)
	Phone number:	(888-555-1111)
	PIN:	(11112)
	Taxpayer's occupation:	(CONSULTANT)
	Spouse's occupation:	(SALESPERSON)

**LA TEST # 2**

**IRS TEST #13** (continued):

Form W-2 #1:

b. Employer identification number: (72-9876543)  
c. Employer name address and zip code: (LAST JOB INC)  
(97 WHEATLEY AVE)  
(SAINT THOMAS VI 00802)  
d. Employees social security number: (400-00-4313)  
e. Employees name (first, mi, last): (LATEST U GRASS)  
f. Employees address and zip code: (74131 FESCUE DR)  
(SAINT THOMAS **LA 70802**)  
Box 1 Wages, tips, etc.: (20500)  
Box 2 Federal income tax withheld: (900)  
Box 3 Social security wages: (20500)  
Box 4 Social security tax withheld: (1271)  
Box 5 Medicare wages and tips: (20500)  
Box 6 Medicare tax withheld: (297)  
Box 10 Dependent care benefits: (1000)  
Box 15 State and state ID number: (**LA 4028881001**)  
Box 16 State wages: (20500)  
Box 17 State income tax withheld: (1715)

Form W-2 #2:

b. Employer identification number: (72-5689124)  
c. Employer name address and zip code: (SNODGRASS FEED AND SEED)  
(1 PLANTATION ST)  
(SAINT THOMAS VI 00802)  
d. Employees social security number: (400-00-2013)  
e. Employees name (first, mi, last): (MAY B GRASS)  
f. Employees address and zip code: (74131 FESCUE DR)  
(SAINT THOMAS **LA 70802**)  
Box 1 Wages, tips, etc.: (17500)  
Box 2 Federal income tax withheld: (550)  
Box 3 Social security wages: (17500)  
Box 4 Social security tax withheld: (1085)  
Box 5 Medicare wages and tips: (17500)  
Box 6 Medicare tax withheld: (254)  
Box 15 State and state ID number: (**LA 4023456001**)  
Box 16 State wages: (17500)  
Box 17 **STATE** income tax: (10)  
Box 20 **STATE** name: (**LA**)

**LA TEST #2**  
**IRS TEST #13**

Form W-2 # 3:

b. Employer identification number:	(72-5648196)
c. Employer name address and zip code:	(UNITED STATES AIR FORCE) (1566 FLYBOY BOULEVARD) (SAINT THOMAS LA 70802)
d. Employees social security number:	(400-00-4313)
e. Employees name (first, mi, last):	(LATEST U GRASS)
f. Employees address and zip code:	(74131 FESCUE DR) (SAINT THOMAS LA 70802)
Box 1 Wages, tips, etc.:	(4000)
Box 2 Federal income tax withheld:	(40)
Box 3 Social security wages:	(4000)
Box 4 Social security tax withheld:	(1271)
Box 5 Medicare wages and tips:	(4000)
Box 6 Medicare tax withheld:	(297)
Box 15 State and state ID number:	(LA 3302888001)
Box 16 State wages:	(4000)
Box 17 State income tax withheld:	(0)

LA TEST # 3  
IRS TEST # 1  
FORMS REQUIRED: FORM 1040, IT540, SCH E, W2(1), 1099R (1)

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 8a: 63  
FORM 1040, LINE 19: 200

STATEMENTS:

OTHER: DIRECT DEPOSIT

THIRD PARTY DESIGNEE: NAME: JOHN DOE  
PHONE: 888-555-1111  
PIN: 11125

PREPARED BY:

TAXPAYER: NAME: LATEST I WHY	SSN: 400-00-4311
DOB: 08-19-1969	OCCUPATION: MILITARY
DISABLED: NO	PRES ELEC FUND: NO
DAYTIME PHONE: 225-219-4001	BLIND: NO
SPOUSE: NAME: GWEN R KNOTT	SSN: 400-00-2001
DOB: 06-03-1972	OCCUPATION: HOMEMAKER
DISABLED: NO	PRES ELEC FUND: NO
	BLIND: NO

CHECK DIGITS FROM IRS LABEL: HS

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ADDRESS: 12457 WILSHIRE-ON-THE-HAMPTONS BLVD  
BATON ROUGE LA 70802

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FILING STATUS: MARRIED FILING JOINTLY

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DIRECT DEPOSIT: NAME OF INSTITUTION: PLAINS CREDIT UNION  
RTN: 123456780  
ACCT#: 02135763  
TYPE OF ACCOUNT: CHECKING

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ETD TRANSMISSION:

FORM 4868:

LINE 4: 0

LINE 5: 390

LINE 6: 0

CONSUMER USE TAX

1500

Deceased 10-15-2004

Gwen R Knott

RETURN FILED 07-15-2005

e-mail address: efile@lamis.gov

AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PTR 1200  
CHAUNCEY TAYLOR 728956240

**LA TEST # 3**

**IRS TEST # 1**

FORM 1040:

FORMS INCLUDED: FORM 1040

First Name, MI, & Last Name: (LATEST I WHY)

Social Security Number: (400-00-4311)

Spouse's Name, MI, & Last Name: (GWEN R KNOTT)

Spouse's Social Security Number: (400-00-2001)

Home Address: (12457 WILSHIRE-ON-THE-HAMPTONS BLVD)

City, State, and Zip: (BATON ROUGE LA 70802)

Do you want \$3.00 to go to the  
Presidential Campaign Fund: (NO)

If filing joint, does Taxpayer's spouse  
want \$3.00 to go to this fund: (NO)

Filing Status: (MARRIED FILING JOINTLY)

Line 7 Wages, salaries, tips etc: (16700)

Line 8a Taxable interest: (63)

Line 16b Pensions and annuities: (15200)

Line 19 Unemployment: (200)

Line 22 Total Income: (32163)

Line 36 Adjusted gross income: (32163)

Line 37 Adjusted gross income: (32163)

Line 39 Itemized deductions: (9700)

Line 40 Subtract line 39 from line 37: (22463)

Line 41 : (6200)

Line 42 Taxable Income: (16263)

Line 43 Tax: (1726)

Line 45 Add 43 and 44 (1726)

Line 54 Other credits: (1580)

Line 55 Add lines 46 thru 54: (1580)

Line 56 Subtract: (146)

Line 62 Total tax: (146)

Line 63 Federal Income tax withheld: (1085) Form 1099

Line 70 Total payments: (1085)

Line 71 Overpaid: (939)

Line 72a Amount refunded to you: (939)

Line 11b Routing transit number: (123456780)

Line 11c Type of account: (CHECKING)

Line 11d Account no: (02135763)

Third Party Designee: (YES)

Designee's name: (JOHN DOE)

Phone number: (888-555-1111)

PIN: (11125)

Taxpayer's Occupation: (MILITARY)

Spouse's Occupation: (HOMEMAKER)

**LA TEST # 3**

**IRS TEST # 1**

Form W-2 # 1:

b. Employer identification number:	(72-1928374)
c. Employer name address and zip code:	(WEARABLE GARMENTS
	(2 WASHINGTON CIRCLE)
	(WYNOT LA 68792)
	(400-00-4311)
d. Employees social security number:	(LATEST I WHY JR)
e. Employees name (first, mi, last):	(12457 WILSHIRE-ON-THE-
f. Employees address and zip code:	(HAMPTONS BLVD)
	(BATON ROUGE LA 70802)
Box 1 Wages, tips, etc.:	(16700)
Box 2 Federal income tax withheld:	(670)
Box 3 Social security wages:	(16700)
Box 4 Social security tax withheld:	(1035)
Box 5 Medicare wages and tips:	(16700)
Box 6 Medicare tax withheld:	(242)
Box 15 State and state ID number:	(LA 4379623001)
Box 16 State wages:	(16700)
Box 17 State income tax withheld:	(0)

Form 1099R # 1:

b. Payers identification number:	(72-1234567)
c. Payers name address and zip code:	(STATE OF LOUISIANA
	(14286 GOVERNMENT BLVD)
	(BATON ROUGE LA 70821)
	(400-00-4311)
d. Employees social security number:	(LATEST I WHY JR)
e. Employees name (first, mi, last):	(12457 WILSHIRE-ON-THE-
f. Employees address and zip code:	(HAMPTONS BLVD)
	(BATON ROUGE LA 70802)
Box 1 Gross Distribution:	(15200)
Box 2 Taxable amount:	(15200)
Box 4 Federal income tax withheld:	(415)
Box 5 Medicare wages and tips:	(16700)
Box 7 Distribution code:	(7)
Box 11 State and state ID number:	(LA 3479625001)
Box 12 State distribution:	(15200)

LA TEST # 3  
 IRS TEST # 1  
 LA FORMS INCLUDED: LA FORMS IT 540, SCH E

FORM LA IT-540:  
 FIRST NAME INITIAL & LAST NAME: LATEST I WHY JR & GWEN R KNOTT  
 SOCIAL SECURITY NUMBER: 400-00-4311  
 HOME ADDRESS: 12457 WILSHIRE-ON-THE-HAMPTONS BLVD  
 CITY STATE AND ZIP: BATON ROUGE LA 70802  
 FILING STATUS: MFJ  
 TOTAL EXEMPTIONS: 2  
 LINE 7: FED ADJUSTED GROSS INCOME: 17013  
 FROM SCHEDULE E:  
 LINE 8: LESS FEDERAL INCOME TAX: 146  
 LINE 9: LA TAX TABLE INCOME: 16867  
 LINE 10: LA INCOME TAX: 158  
 LINE 11: FEDERAL CHILD CARE CREDIT: 0  
 LINE 11A: AMOUNT OF NONREFUNDABLE LA CHILD CARE CREDIT FOR 2003 0  
 LOUISIANA CHILD CARE CREDIT CARRY FORWARD 2005: 0  
 LINE 11B: 2004 NONREFUNDABLE LOUISIANA CHILD CARE CREDIT: 0  
 LINE 11D: TOTAL NONREFUNDABLE TAX CREDITS: 0  
 LINE 12: ADJ LA INCOME TAX: 158  
 LINE 13: CONSUMER USE TAX BOX:  
 CONSUMER USE TAX AMOUNT: 120  
 LINE 14: TOTAL INCOME AND CONSUMER USE TAX: 278  
 LINE 15E: AMOUNT OAD ON YOUR BEHALF BY A COMPOSITE PTR 1200  
 CHAUNCEY TAYLOR 728956240  
 LINE 15H: TOTAL REFUNDABLE CREDITS AND PAYMENTS: 1200  
 LINE 16: OVERPAYMENT: 922  
 LINE 19: AMOUNT OF LINE 16 YOU WANT REFUNDED TO YOU: 922

LA SCHEDULE E  
 LINE 1: FEDERAL ADJUSTED GROSS INCOME: 32163  
 LINE 3: TOTAL: 32163  
 LINE 4B: LA STATE EMP RETIREMENT BENEFITS: 15200  
 DATE RETIRED: 11-15-2003  
 LINE 4K: TOTAL 15200  
 LINE 4L: FEDERAL TAX APPLICABLE TO EXEMPT INCOME: 50  
 LINE 4M: NON-TAXABLE INCOME: 15150  
 LINE 5: LOUISIANA ADJUSTED GROSS INCOME: 17013

CONSUMER USE TAX WORKSHEET:  
 LINE 1: TAXABLE PURCHASES: 1500  
 LINE 2: TOTAL USE TAX OWED: 120



LA TEST #4  
IRS TEST # 10

FORMS REQUIRED: FORM 1040A, SCH EIC, FORM 8812, IT540, SCH E  
INFORMATION RETURNS ATTACHED: FORM W-2 (1), 1099R (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 19: 250  
FORM 1040A, LINE 37: 412 (FROM FORM W-2)  
FORM 1040A, LINE 41b: 2000 (COMBAT PAY)

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: NAME: JANE SMITH  
PHONE: 123-456-7890  
PIN: 34567

PREPARED BY:

TAXPAYER: NAME: LATEST U PHROZINTOWES SSN: 400-00-4304  
DOB: 06-12-1968 OCCUPATION: CLERICAL  
DISABLED: NO PRES ELEC FUND: YES  
DAYTIME PHONE: NOT GIVEN BLIND: NO

CHECK DIGITS FROM IRS LABEL: IA

---

ADDRESS: 1832 NORTH POLE LN  
COLDFOOT, LA 70821

---

FILING STATUS: HEAD OF HOUSEHOLD LINE 6d: 4

---

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD
TAX CR					
JESSICA LEE	15	400-55-3010	DAUGHTER	12	X
TAMMY TY	11	400-55-4010	FOSTERCHILD	12	X
SAMMY PHROZINTOWES	7	400-55-5010	SON	12	X

---

SCHEDULE EIC:

(CHILD 1)	(CHILD 2)
LINE 1: SAMMY PHROZINTOWES	TAMMY TY
LINE 2: 400-55-5010	400-55-4010
LINE 3: 1997	1993
LINE 5: SON	FOSTERCHILD
LINE 6: 12	12

---

ETD TRANSMISSION:  
FORM 4868:

LA TEST # 4  
IRS TEST # 10

LINE 4: 412  
LINE 5: 5650  
LINE 6: 0

**DONATIONS:**

<b>WILDLIFE HABITAT AND NATURAL HERITAGE TRUST FUND:</b>	<b>51</b>
<b>LOUISIANA CANCER TRUST FUND-PROSTATE CANCER:</b>	<b>52</b>
<b>LOUISIANA ANIMAL WELFARE COMMISSION:</b>	<b>53</b>
<b>LOUISIANA HOUSING TRUST FUND:</b>	<b>54</b>

**Nonrefundable Louisiana Child Care Credit Carried Forward from 2003  
350**

e-mail address: efile@lamis.gov

**LA TEST # 4****IRS TEST # 10**

FORMS INCLUDED: FORM 1040A, FORM W-2(1), 1099R (1), IT540, SCH E

FORM 1040A:

First Name, MI & Last Name: (LATEST U PHROZINTOWES)  
Social Security Number: (400-00-4304)  
Home Address: (1832 NORTH POLE LN)  
City, State, and Zip: (COLDFOOT LA 70809-1234)  
Presidential Campaign Fund: (YES)  
Filing Status: (HEAD OF HOUSEHOLD)  
Dependent #1 Name: (JESSICA LEE)  
    Social Security Number: (400-55-3010)  
    Relationship: (DAUGHTER)  
    Qualifying child for child tax credit: (X)  
Dependent #2 Name: (TAMMY TY)  
    Social Security Number: (400-55-4010)  
    Relationship: (FOSTERCHILD)  
    Qualifying child for child tax credit: (X)  
Dependent #3 Name: (SAMMY PHROZINTOWES)  
    Social Security Number: (400-55-5010)  
    Relationship: (SON)  
    Qualifying child for child tax credit: (X)  
Number of boxes checked on 6a and 6b: (1)  
Number of children who lived with you: (3)  
Total number in box 6d: (4)  
Line 7 Total wages: (21200)  
Line 12a Pensions & Annuities: (15000)  
Line 12b Taxable amount: (12840)  
Line 15 Total income: (34040)  
Line 19 Tuition and fees deduction: (250)  
Line 20 Total adjustments: (250)  
Line 21 Adjusted gross income: (33790)  
Line 22 Amount from line 21: (33790)  
Line 24 Standard deduction: (7150)  
Line 25 Subtract line 24 from line 22: (26640)  
Line 26 Multiply Number of exemptline 6d: (12400)  
Line 27 Taxable income: (14240)  
Line 28 Tax: (1624)  
Line 29 Credit for child & dep care: (275)  
Line 33 Child tax credit: (1349)  
Line 35 Total credits: (1624)  
Line 36 Subtract line 35 from line 28: (0)  
Line 37 Advance earned income credit: (412)  
Line 38 Total tax: (412)  
Line 39 Federal income tax withheld: (2240)  
Line 41a Earned income credit: (144)  
Line 42 Additional child tax credit: (1651)  
Line 43 Total payments: (4035)  
Line 44 Amount overpaid: (3623)  
Line 45a Amount refunded to you: (3623)  
Line 45b Routing transit number: (XXXXXXXXXX)  
Line 45d Account number: (XXXXXXXXXXXXXXXXXXXX)  
    Third party designee: (YES)  
    Designee's name: (JANE SMITH)  
    Phone number: (123-456-7890)  
    PIN: (34567)  
    Taxpayer's occupation: (CLERICAL)

**LA TEST # 4**

**IRS TEST # 10** (continued):

Form W-2 #1:

b. Employer identification number:	(38-9391949)
c. Employer name address and zip code:	(PHRIEZ, EYCICKLE, AND GLACIER)  (21 APPEAL ST) (KANATA ONTARIO K2K1X-3 .)
d. Employees social security number:	(400-00- <b>4304</b> )
e. Employees name (first, mi, last):	( <b>LATEST</b> U PHROZINTOWES)
f. Employees address and zip code:	(1832 NORTH POLE LN) (COLDFOOT <b>LA 70809-1234</b> )
Box 1 Wages, tips, etc.:	( <b>21200</b> )
Box 2 Federal income tax withheld:	( <b>2240</b> )
Box 3 Social security wages:	( <b>22700</b> )
Box 4 Social security tax withheld:	( <b>1407</b> )
Box 5 Medicare wages and tips:	( <b>22700</b> )
Box 6 Medicare tax withheld:	( <b>329</b> )
Box 9 Advance EIC payment:	(412)
Box 12a See instructions:	(D 1500)
Box 13 Retirement Plan:	(X)
Box 15 State and state ID number:	( <b>LA</b> 3582461001)
Box 16 State wages:	( <b>6800</b> )
Box 17 State income tax withheld:	( <b>880</b> )

Form 1099R # 1: **RETIREMENT DATE: 05-15-2003**

b. Payers identification number:	( <b>72-5239871</b> )
c. Payers name address and zip code:	(DEPT OF DEFENSE) (P O BOX 82135) (WASHINGTON DC 20001)
d. Employees social security number:	(400-00- <b>4304</b> )
e. Employees name (first, mi, last):	( <b>LATEST</b> U PHROZINTOWES)
f. Employees address and zip code:	(1832 NORTH POLE LN) (COLDFOOT <b>LA 70809-1234</b> )
Box 1 Gross Distribution:	( <b>15000</b> )
Box 2 Taxable amount:	( <b>12840</b> )
Box 7 Distribution code:	(7)
Box 11 State and state ID number:	( <b>LA 4796235001</b> )
Box 12 State distribution:	(12840)

LA TEST #5

IRS TEST # 6

FORMS REQUIRED: FORM 1040A, SCH 1, SCH 3, IT540

INFORMATION RETURNS ATTACHED: FORM 1099-R (3)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 40: 500

FORM 1040A, LINE 46: 125

STATEMENTS:

OTHER: TOTAL SOCIAL SECURITY BENEFITS RECEIVED: 100

THIRD PARTY DESIGNEE: NAME: JOHN DOE

PHONE: 888-555-1111

PIN: 11122

PREPARED BY:

TAXPAYER: NAME: LATEST P BARRELL

DOB: 06-18-1937

DISABLED: NO

DAYTIME PHONE: 225-219-4329

SSN: 400-00-4305

OCCUPATION: RETIRED

PRES ELEC FUND: YES

BLIND: NO

CHECK DIGITS FROM IRS LABEL: NZ

---

ADDRESS: 25000 HAM AND BACON JUNCTION  
PIG TOWN, LA 70713

---

FILING STATUS: QUALIFYING WIDOW(ER)

LINE 6d: 2

YEAR SPOUSE DIED: 2003

---

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD
TAX CR					
ROLAND BARRELL	19	400-55-3006	FOSTERCHILD	12	

---

SCHEDULE 1:

PART I:

LINE 1: BEST SAVINGS	6000
FORTUNE BANK	4000

---

SCHEDULE 3:

PART I:

LINE 1: X

---

ETD TRANSMISSION:

FORM 4868:

LINE 4: 0

LINE 5: 700

LINE 6: 0

e-mail address: efile@lamis.gov

**LA TEST # 5****IRS TEST # 6**FORMS INCLUDED: FORM 1040A, FORM 1099-R(3), **IT540, SCH E**

FORM 1040A:

First Name, MI & Last Name: (LATEST P BARRELL)  
Social Security Number: (400-00-4305)  
Home Address: (25000 HAM AND BACON  
JUNCTION)  
City, State, and Zip: (PIG TOWN LA 70713)  
Do you want \$3.00 to go to the  
Presidential Campaign Fund: (YES)  
Filing Status: (QUALIFYING WIDOW(ER))  
Year spouse died: (2003)  
Dependent #1 Name: (ROLAND BARRELL)  
    Social Security Number: (400-55-3006)  
    Relationship: (FOSTERCHILD)  
Number of boxes checked on 6a and 6b: (1)  
Number of children who lived with you: (1)  
Total number in box 6d: (2)  
Line 8a Taxable interest: (5500)  
Line 8b Tax exempt interest (7200)  
Line 11b Taxable IRA distributions: (2500)  
Line 12b Taxable pensions and annuities: (8000)  
Line 15 Total income: (16000)  
Line 21 Adjusted gross income: (16000)  
Line 22 Amount from line 21: (16000)  
Line 23a Taxpayer born after 1/2/1940: (X)  
    Number of boxes checked: (1)  
Line 24 Standard deduction: (10650)  
Line 25 Subtract line 24 from line 22: (5350)  
Line 26 Multiply \$3100 by the total  
    number of exemptions on line 6d: (6200)  
Line 27 Taxable income: (0)  
Line 28 Tax: (0)  
Line 30 Credit for elderly or disabled: (0)  
Line 35 Total credits: (0)  
Line 36 Subtract 35 from line 28: (0)  
Line 38 Total tax: (0)  
Line 39 Federal income tax withheld: (0)  
    LITERAL: (FORM 1099)  
Line 40 2004 estimated taxes paid: (0)  
Line 43 Total payments: (0)  
Line 44 Amount overpaid: (0)  
Line 45a Refund: (0)  
Line 45b Routing transit number: (XXXXXXXXXX)  
Line 45d Account number: (XXXXXXXXXXXXXXXXXXXX)  
Line 46 Applied to 2005 estimated taxes: (0)  
  
Third party designee: (YES)  
Designee's Name: (JOHN DOE)  
Phone number: (888-555-1111)  
PIN: (11122)  
Taxpayer's occupation: (RETIRED)

**LA TEST # 5**

**IRS TEST # 6**

(continued):

Form 1099-R #1:

Payers name address and zip code: (OUR SHARE BANK & TRUST)  
(72 MARKET PLACE)  
(PIG TOWN MD 21230-7272)  
Payers identification number: (72-7754541)  
Recipients social security number: (400-00-4305)  
Recipients name(first, mi, last): (LATEST P BARRELL)  
Recipients street address: (25000 HAM AND BACON  
JUNCTION)  
Recipients city, state, and zip code: (PIG TOWN MD 21230)  
  
Box 1 Gross distribution: (2500)  
Box 2a Taxable amount: (2500)  
Box 7 Distribution code: (7)  
Box 7 IRA /SEP Simple: (X)  
Box 11 State: (LA)

Form 1099-R #2:

Payers name address and zip code: (WECAN DUETTE LOBBYISTS)  
(1000 BUCKS ST)  
(PIG TOWN MD 21230)  
Payers identification number: (72-9081726)  
Recipients social security number: (400-00-4305)  
Recipients name (First, mi, Last): (LATEST P BARRELL)  
Recipients street address: (25000 HAM AND BACON  
JUNCTION)  
Recipients city, state, and zip code: (PIG TOWN LA 70713)  
  
Box 1 Gross distribution: (4500)  
Box 2a Taxable amount: (4500)  
Box 4 Federal income tax withheld: (0)  
Box 7 Distribution code: (7)  
Box 11 State: (LA)

Form 1099-R #3: **RETIREMENT DATE (091986)**

Payers name address and zip code: (LOUISIANA TEACHERS RETIREMENT)  
(123 SOMEWHERE ST)  
(BATON ROUGE LA 70808)  
Payers identification number: (72-9081728)  
Recipients social security number: (400-00-4305)  
Recipients name (First, mi, Last): (LATEST P BARRELL)  
Recipients street address: (25000 HAM AND BACON  
JUNCTION)  
Recipients city, state, and zip code: (PIG TOWN LA 70713)  
  
Box 1 Gross distribution: (3500)  
Box 2a Taxable amount: (3500)  
Box 7 Distribution code: (7)  
Box 11 State: (LA)  
Box 12 State distribution (3500)

LA TEST # 5

IRS TEST # 6

LA FORMS INCLUDED: LA FORMS IT 540, SCH E  
FORM LA IT-540:

FIRST NAME INITIAL & LAST NAME:

LATEST P BARRELL

SOCIAL SECURITY NUMBER:

400-00-4305

HOME ADDRESS:

25000 HAM AND BACON JUNCTION

CITY STATE AND ZIP:

PIG TOWN LA 70713

FILING STATUS:

QUALIFYING WIDOW(ER)

TOTAL EXEMPTIONS:

3

LINE 7: FED ADJUSTED GROSS INCOME:

8000

FROM SCHEDULE E:

LINE 8: LESS FEDERAL INCOME TAX:

0

LINE 9: LA TAX TABLE INCOME:

0

LINE 10: LA INCOME TAX:

0

LINE 12: ADJ LA INCOME TAX:

0

LINE 15C: AMOUNT OF TAX WITHHELD FOR 2004:

0

LINE 15H: TOTAL REFUNDABLE CREDITS:

0

LINE 16: OVERPAYMENT:

0

LINE 19: AMOUNT OF LINE 16 YOU WANT REFUNDED TO YOU:

0

LINE 21 AMOUNT YOU OWE:

0

LA SCHEDULE E

LINE 1: FEDERAL ADJUSTED GROSS INCOME:

16000

LINE 2: INTEREST INCOME AND DIVIDENDS:

1500

LINE 2A: RECAPTURE OF START CONTRIBUTIONS:

LINE 3: TOTAL:

17500

LINE 4: NONTAXABLE INCOME:

LINE 4A: INT AND DIV ON US GOVT OBLIGATIONS:

LINE 4B: LA STATE EMP RETIREMENT BENEFITS:

DATE RETIRED:

LINE 4C: LA STATE TEACHERS RETIREMENT BENEFITS:

3500

DATE RETIRED:

(091986)

LINE 4D1: FEDERAL RETIREMENT BENEFITS:

DATE RETIRED:

LINE 4D2: OTHER RETIREMENT BENEFITS:

DATE RETIRED:

LINE 4E: ANNUAL RETIREMENTS INCOME EXEMPTION  
FOR TAXPAYER 65 OR OVER:

6000

LINE 4F: TAXABLE AMOUNT OF SOCIAL SECURITY:

LINE 4G: NATIVE AMERICAN INCOME:

LINE 4H: OTHER:

LINE 4I: START:

LINE 4J: MILITARY PAY EXCLUSION:

LINE 4K: TOTAL

9500

LINE 4L: FEDERAL TAX APPLICABLE TO EXEMPT INCOME:

0

LINE 4M: NON-TAXABLE INCOME:

9500

LINE 5: LOUISIANA ADJUSTED GROSS INCOME:

8000



LA TEST #6  
IRS TEST #16

FORMS REQUIRED: FORM 1040, SCH C, SCH E PG 2, FORM 5329, FORM 8860,  
IT540, SCH E

INFORMATION RETURNS ATTACHED: FORM W-2 (1), FORM W-2G (1), FORM 1099-R  
(1)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER: DIRECT DEPOSIT

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: LATEST T ISLANDER	SSN: 400-00-4306
DOB: 08-22-1967	OCCUPATION: INSURANCE BROKER
DISABLED: NO	PRES ELEC FUND: YES
DAYTIME PHONE: NOT GIVEN	BLIND: NO

CHECK DIGITS FROM IRS LABEL: JU

---

ADDRESS: 123 PLAY HERE ST  
BATON ROUGE, LA 70811

---

---

FILING STATUS: HEAD OF HOUSEHOLD	LINE 6d: 2
HOH QUALIFYING NAME: MICHAEL ISLANDER	SSN: 400-55-3006

---

---

DIRECT DEPOSIT: NAME OF INSTITUTION: NINTH BANK OF DESTIN  
ROUTING TRANSIT NUMBER: 024567891  
ACCOUNT NUMBER: ABC-123-4567890  
TYPE OF ACCOUNT: SAVINGS

---

---

SCHEDULE C:

NAME OF PROPRIETOR: LATEST T ISLANDER	SSN: 400-00-4306
LINE A: INSURANCE SALES	
LINE B: 524290	
LINE D: 65-7044337	
LINE F: CASH	
LINE G: YES	

LA TEST #6  
IRS TEST #16 (continued)

PART I:  
LINE 1: 28900

PART II:  
LINE 18: 640  
LINE 22: 4065  
LINE 23: 820  
LINE 26: 8300

---

SCHEDULE E, PAGE 2:

PART II:  
LINE 27: NO

LINE 28A(a): SANDY SHORES, INC  
LINE 28A(b): S  
LINE 28A(d): 56-8523699  
LINE 28A(j): 24400

---

FORM 5329:

NAME: LATEST T ISLANDER                      SSN: 400-00-4306  
PART I:  
LINE 1: 3000  
LINE 2:  
    EXCEPTION #: 05  
    AMOUNT: 1500

---

FORM 8860:

PART I:  
LINE 2a: 267  
LINE 2b: 56-8523699

PART II:  
LINE 5: 0

---

ETD TRANSMISSION:

FORM 4868:  
LINE 4: 1762  
LINE 5: 3500  
LINE 6: 0

LA TEST #6  
IRS TEST #16 (continued)

CONSUMER USE PURCHASE:	575
RECAPTURE OF START:	50
OVERPAYMENT TO CONTRIBUTE TO START:	300
2003 TAX LIABILITY:	1600
STATE DIRECT DEBIT:	
RTN:	024567891
ACCT#:	ABC-123-4567890
ACCOUNT TYPE:	Savings
AMT OF PAYMENT:	1572
DIRECT DEBIT DATE:	05-16-05

e-mail address:   efile@lamis.gov

**LA TEST #6**

**IRS TEST #16** (continued)

FORMS INCLUDED: FORM 1040, FORM W-2 (1), FORM W-2G (1), FORM 1099-R (1)

FORM 1040:

First Name, MI & Last Name:	( <b>L</b> AATEST T ISLANDER)
Social Security Number:	(400-00- <b>4306</b> )
Home Address:	(123 PLAY HERE ST)
City, State, and Zip:	( <b>BATON ROUGE LA 70811</b> )
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
Filing Status:	(HEAD OF HOUSEHOLD)
Qualifying person's name:	(MICHAEL ISLANDER)
Qualifying person's SSN:	(400-55-3016)
Number of boxes checked on 6a and 6b:	(1)
Total number in box 6d:	( <b>2</b> )
Line 12 Schedule C income or (loss):	(15075)
Line 16b Taxable pensions & annuities:	(3000)
Line 17 Schedule E income:	(24400)
Line 21 Other income - LITERAL:	(BLACKJACK 5000)
Line 21 Total other income:	(5000)
Line 22 Total income:	(47475)
Line 36 Adjusted gross income:	(47475)
Line 37 Amount from line 36:	(47475)
Line 39 Itemized or standard deduction:	(7150)
Line 40 Subtract line 39 from line 37:	(40325)
Line 41 Multiply \$3100 by the total number of exemptions on line 6d:	( <b>6200</b> )
Line 42 Taxable income:	( <b>34125</b> )
Line 43 Tax:	( <b>4609</b> )
Line 45 Add line 43 and 44:	( <b>4609</b> )
Line 56 Subtract line 55 from line 45:	( <b>4609</b> )
Line 59 Tax on qualified retirement plan:	( <b>150</b> )
Line 62 Add lines 56 through 61:	( <b>4759</b> )
Line 63 Federal income tax withheld:	( <b>3500</b> )
Line 70 Add lines 63 through 69:	( <b>3500</b> )
Line 74 Amount you owe:	( <b>1281</b> )
Third party designee:	(NO)
Taxpayer's occupation:	(INSURANCE BROKER)

**LATEST #6****IRS TEST #16** (continued)

Form W-2 #1:

b. Employer identification number: (72-2346821)  
c. Employer name address and zip code: (OUT OF STATE INSURANCE SERVICES)  
(7000 SIX FLAGS DR)  
(ATLANTA GA 30301)  
d. Employees social security number: (400-00-4306)  
e. Employees name (first, mi, last): (LATEST T ISLANDER)  
f. Employees address and zip code: (123 PLAY HERE ST)  
(BATON ROUGE LA 70811)  
Box 1 Wages, tips, etc.: (28900)  
Box 2 Federal income tax withheld: (3000)  
Box 3 Social security wages: (28900)  
Box 4 Social security tax withheld: (1792)  
Box 5 Medicare wages and tips: (28900)  
Box 6 Medicare tax withheld: (419)  
Box 13 Statutory employee: (X) DELETE  
Box 15 State and state ID number: (LA 5879871001)  
Box 16 State wages: (28900)

Form W-2G #1:

Payers name, address and zip codes: (GULF CRUISE LINES)  
(DOCK 106 HARBOR ROW)  
(DESTIN FL 32540)  
Payers identification number: (72-7294862)  
Winners name address and zip code: (LATEST T ISLANDER)  
(123 PLAY HERE ST)  
(BATON ROUGE LA 70811)  
Box 1 Gross winnings: (5000)  
Box 2 Federal income tax withheld: (500)  
Box 3 Type of wager: (BLACKJACK)  
Box 4 Date won: (02-14-2004)  
Box 9 Winner's taxpayer ID No.: (400-00-4306)  
Box 13 State/Payer's state ID No.: (LA 58227684001)

Form 1099-R #1:

Payers name address and zip code: (VACATION INSURANCE SERVICES)  
(93 BAY ST)  
(DESTIN FL 32540)  
Payers identification number: (72-9687321)  
Recipients social security number: (400-00-4306)  
Recipients name (First, mi, Last): (LATEST T ISLANDER)  
Recipients street address: (123 PLAY HERE ST)  
Recipients city state and zip code: (BATON ROUGE LA 70811)  
Box 1 Gross distribution: (3000)  
Box 2a Taxable amount: (3000)  
Box 2b Total distribution: (X)  
Box 7 Distribution code: (3)

LATEST #7  
**IRS TEST # 28**

FORMS REQUIRED: **FORM 1040, SCH A, IT540, SCH E**

INFORMATION RETURNS ATTACHED: **FORM W-2 (1)**

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: **NONE**

PREPARED BY:

TAXPAYER: NAME: **LATEST A LOTT**  
DOB: **01-16-1953**  
DISABLED: **NO**  
DAYTIME PHONE: 225-219-4307

SSN: **400-00-4307**  
OCCUPATION: **BANKER**  
PRES ELEC FUND: **YES**  
BLIND: **NO**

SPOUSE: NAME: **EDNA K LOTT**  
DOB: **09-15-1953**  
DISABLED: **NO**

SSN: **400-00-2307**  
OCCUPATION:  
PRES ELEC FUND: **NO**  
BLIND: **NO**

**CHECK DIGITS FROM IRS LABEL: UK**

**ADDRESS: 45020 GREEN WAY**

**BATON ROUGE LA 70810**

FILING STATUS: **MARRIED FILING SEPARATELY**

LINE 6d: **1**

SCHEDULE A:

LINE 6: **19000**  
LINE 7: **700**  
LINE 15: **117500**  
LINE 20: **3750**  
**LINE 21:**

1000

ETD TRANSMISSION:

FORM 9465:

LINE 4: **716-555-1028; NO EXT**

LINE 6: **THIRD REGIONAL BANK**  
**ONE TOWER SQUARE**  
**DALLAS TX 75266**

LINE 7: **FORM 1040**

LINE 8: **2004**

LINE 9: **21547**

LINE 10: **10547**

LATEST #7

**IRS TEST # 28 (continued)**

**LINE 11:** 1000

**LINE 12:** 10

**TAXPAYER PIN:** 19821

**SPOUSE PIN:** 29821

**PRIOR YEAR AGI:** 0

**SIGNATURE DATE:** 04-15-2005

**CREDIT CARRIED FORWARD FROM 2003:** 21000

**NAME CHANGE** X

**ADDRESS CHANGE** X

**FEDERAL EXTENSION DATE** 08-15-2005

**AMOUNT PAID WITH EXTENSION** 2174

**2003 TAX LIABILITY** 51000

**2210** EXCEPTION 2 FOR ALL PERIODS

**ESTIMATED PAYMENTS FOR 2004** 28500

**e-mail address:** efile@lamis.gov

LATEST #7  
IRS TEST #28 (continued)

FORMS INCLUDED: FORM 1040, FORM W-2 (1)

FORM 1040:

First Name, MI & Last Name:	(LATEST A LOTT)
Social Security Number:	(400-00-4307)
Spouse's First Name, MI, and Last Name:	(EDNA K LOTT)
Spouse's Social Security Number:	(400-00-2307)
Home Address:	(45020 GREEN WAY)
City, State, and Zip:	(BATON ROUGE LA 70810)
<b>Do you want \$3.00 to go to the</b>	
Presidential Campaign Fund:	(YES)
If filing joint, does Taxpayer's spouse	
want \$3.00 to go to this fund:	(NO)
Filing Status:	(MARRIED FILING SEPARATELY)
Number of boxes checked on 6a and 6b:	(1)
Total number in box 6d:	(1)
Line 7 Total Wages:	(1225500)
<b>Line 8a Taxable interest:</b>	<b>(115000)</b>
Line 8b Tax-exempt interest:	(1500)
Line 22 Total income:	<b>(1340500)</b>
Line 36 Adjusted gross income:	<b>(1340500)</b>
Line 37 Amount from line 36:	<b>(1340500)</b>
Line 39 Itemized or standard deduction:	<b>(158825)</b>
Line 40 Subtract line 39 from line 37:	<b>(1181675)</b>
Line 41 Multiply \$3100 by the total	
number of exemptions on line 6d:	(0)
Line 42 Taxable income:	<b>(1181675)</b>
Line 43 Tax:	<b>(400908)</b>
Line 45 Add lines 43 and 44:	<b>(400908)</b>
Line 56 Subtract line 55 from line 45:	<b>(400908)</b>
Line 57 Self-employment tax:	(15467)
Line 62 Total tax:	(440547)
LITERAL:	(FORM 8866 9014)
Line 63 Federal income tax withheld:	<b>(417000)</b>
Line 70 Total payments:	<b>(417000)</b>
Line 71 Overpaid:	<b>(16092)</b>
Line 72a Amount you want refunded to you:	<b>(16092)</b>
Third Party Designee:	(NO)
Taxpayer's Occupation:	<b>(BANKER)</b>
Spouse's Occupation:	



LATEST #7

IRS TEST #28 (continued):

Form W-2 #1:

b. Employer identification number:

(73-1111222)

c. Employer name address and zip code:

(THIRD REGIONAL BANK)

(ONE TOWER SQUARE)

(DALLAS TX 75266)

(400-00-**2307**)

d. Employee's social security number:

e. Employee's name(first, mi, last):

(EDNA K LOTT)

f. Employee's address and zip code:

(45020 GREEN WAY)

(DALLAS LA 70810)

(1225500)

Box 1 Wages, tips, etc.:

(**417000**)

Box 2 Federal income tax withheld:

(87000)

Box 3 Social security wages:

(**5394**)

Box 4 Social security tax withheld:

(1225500)

Box 5 Medicare wages and tips:

(17770)

Box 6 Medicare tax withheld:

(X)

Box 13 Retmnt Plan:

Box 15 State and state ID number:

(**LA 3012456001**)

Box 16 State wages:

(1225500)

Box 17 State income tax:

(1200)

**LA TEST #7**  
**IRS TEST #28 (continued)**

**LA FORMS INCLUDED: LA FORMS IT 540, SCH E**

FORM LA IT-540:

FIRST NAME INITIAL & LAST NAME:	(LATEST A LOTT)
SOCIAL SECURITY NUMBER:	(400-00-4307)
HOME ADDRESS:	(45020 GREEN WAY)
<b>CITY STATE AND ZIP:</b>	<b>(BATON ROUGE, LA 70810)</b>
FILING STATUS:	(MFS)
TOTAL EXEMPTIONS:	(1)
LINE 7: FED ADJUSTED GROSS INCOME:	(1296250)
FROM SCHEDULE E:	(X)
LINE 8: LESS FEDERAL INCOME TAX:	(400908)
LINE 9: LA TAX TABLE INCOME:	(895342)
LINE 10: LA INCOME TAX:	(52874)
LINE 12:ADJ LA INCOME TAX:	(52874)
LINE 14: TOTAL INCOME AND CONSUMER USE TAX:	(52874)
LINE 15C: AMOUNT OF TAX WITHHELD FOR 2004:	(1200)
LINE 15D: AMT OF CREDIT CARRIED FORWARD	
FROM 2003:	(21000)
LINE 15F: AMOUNT OF ESTIMATED PAYMENTS FOR 2004:	(28500)
LINE 15G: AMOUNT PAID WITH EXTENSION REQUEST:	(2174)
LINE 15H: TOTAL REFUNDABLE CREDITS:	(52874)
LINE 16: OVERPAYMENT:	(0)
LINE 21: AMOUNT YOU OWE:	(0)

**LA SCHEDULE E**

LINE 1: FEDERAL ADJUSTED GROSS INCOME:	(1340500)
LINE 2: INTEREST INCOME AND DIVIDENDS:	(1500)
LINE 3: TOTAL:	(1342000)
LINE 4A: INT AND DIV ON US GOVT OBLIGATIONS:	(57500)
LINE 4K: TOTAL	(57500)
LINE 4L: FED TAX APPLICABLE TO EXEMPT INCOME:	(11750)
LINE 4M: NON-TAXABLE INCOME:	(45750)
LINE 5: LOUISIANA ADJUSTED GROSS INCOME:	(1296250)

**LATEST #8**  
**IRS TEST # 12**

FORMS REQUIRED: **FORM 1040**, IT540B

INFORMATION RETURNS ATTACHED: **FORM W-2 (1)**

STATEMENTS:

THIRD PARTY DESIGNEE: NAME: NO

PREPARED BY:

TAXPAYER: NAME: **LATEST Z CANASTA**  
DOB: 01-04-1975  
DISABLED: **NO**  
DAYTIME PHONE #:

SSN: **400-00-4308**  
OCCUPATION: SALES CLERK  
PRES ELEC FUND: YES  
BLIND: **NO**

CHECK DIGITS FROM IRS LABEL: **PW**

ADDRESS: 2 HAWTHORNE ST  
OTTO CANADA A7P8C6

FILING STATUS: SINGLE

LINE 6d: 1

DIRECT DEPOSIT: NAME OF INSTITUTION: COMMUNITY BANK  
RTN: 053166111  
ACCT #: 123456  
**TYPE OF ACCT: CHECKING**

ETD TRANSMISSION:  
FORM 4868:  
LINE 4: **1715**  
LINE 5: **5764**  
LINE 6: **0**

INTEREST: (1) STATE: CANADA  
LN 1: 370

SCHEDULE K-1 FOR 1120S: (1) STATE: LA  
S-CORP: BATON ROUGE CRAWDADS  
1111 RIVER FRONT  
BATON ROUGE LA 70821

PASSIVE ACTIVITY: X  
LN 1: 684  
STATE TAX WITHHELD: 45

LN 65: NO

DIRECT DEPOSIT – **SAME AS FEDERAL**

**e-mail address: efile@lamis.gov**

**LATEST #8****IRS TEST #12** (continued)

FORMS INCLUDED: FORM 1040, FORM W-2 (1)

FORM 1040:

First Name, MI &amp; Last Name: (LATEST Z CANASTA)

Social Security Number: (400-00-4308)

Home Address: 2 HAWTHORNE ST  
City, State, and Zip: (OTTO CANADA A7P8C6)

Do you want \$3.00 to go to the

Presidential Campaign Fund: (YES)

Filing Status: (SINGLE)

Number of boxes checked on 6a and 6b: (1)

Number of children who lived with you: (0)

Total number in box 6d: (1)

Line 7 Total wages: (9000)

**Line 8a Taxable interest:** (370)**Line 17 Rental real estate, royalties, partnerships,  
S corporations, trusts, etc:** (684)

Line 22 Total income: (10054)

Line 36 Adjusted gross income: (10054)

Line 37 Amount from line 36: (10054)

Line 39 Itemized or standard deduction: (4850)

Line 40 Subtract line 39 from line 37: (5204)

Line 41 Multiply \$3100 by the total  
number of exemptions on line 6d: (3100)

Line 42 Taxable income: (2104)

Line 43 Tax: (211)

**Line 45 Add lines 43 and 44:** (211)

Line 56 Subtract Line 55 from line 45: (211)

Line 62 Total tax: (211)

Line 63 Federal income tax withheld: (750)

Line 70 Total payments: (750)

Line 71 Amount overpaid: (539)

Line 72a Amount refunded to you: (539)

Line 72b Routing transit number: (053166111)

Line 72c Type of account: (CHECKING)

Line 72d Account number: (123456)

Third party designee: (NO)

Taxpayer's occupation: (SALES CLERK)

Daytime phone number: (BLANK)

LATEST #8  
IRS TEST #12 (continued)

Form W-2 #1:

b. Employer identification number: (41-8765432)  
c. Employer name address and zip code: (SWEET AROMA HEALTH & BEAUTY AIDES)  
(7 FRAGRANT WAY)  
(KANSAS CITY MO 64188)  
d. Employees social security number: (400-00-4308)  
e. Employees name (First, mi, Last): (LATEST Z CANASTA)  
f. Employees address and zip code: (2 HAWTHORNE ST)  
(OTTO CANADA A7P8C6)  
Box 1 Wages, tips, etc.: (9000)  
Box 2 Federal income tax withheld: (750)  
Box 3 Social security wages: (9000)  
Box 4 Social security tax withheld: (558)  
Box 5 Medicare wages and tips: (9000)  
Box 6 Medicare tax withheld: (131)  
Box 15 State Employer's State ID: (LA4177730001)  
Box 16 State wages, tips, etc: (9000)  
Box 17 State income tax: (525)

**LATEST #9**

**IRS TEST # 36 – TO BE USED ONLY FOR ON-LINE FILING TESTING**

FORMS REQUIRED: **FORM 1040A, SCH 1, IT540, SCH E, SCH G**

INFORMATION RETURNS ATTACHED: **FORM 1099R (3)**  
**FORM 1099-SSA (2)**

ENTRIES NOT REQUIRING FORMS: **FORM 1040A, LINE 14a: 23000**  
**(TAXPAYER 12000, SPOUSE 11000)**

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: **NONE**

PREPARED BY:

TAXPAYER: NAME: <b>LATEST Y INSIGHTFUL</b>	SSN: <b>400-00-4309</b>
DOB: <b>03-15-1939</b>	OCCUPATION: <b>RETIRED</b>
DISABLED: <b>NO</b>	PRES ELEC FUND: <b>NO</b>
DAYTIME PHONE: 225-219-4309	BLIND: <b>NO</b>

SPOUSE: NAME: <b>IRENE K INSIGHTFUL</b>	SSN: <b>400-00-2309</b>
DOB: <b>05-12-1937</b>	OCCUPATION: <b>RETIRED</b>
DISABLED: <b>NO</b>	PRES ELEC FUND: <b>NO</b>
	BLIND: <b>YES</b>

CHECK DIGITS FROM IRS LABEL: **CI**

ADDRESS: **512 HOWARD DR**  
**WINTER PARK, LA 70810**

FILING STATUS: **MARRIED FILING JOINT**    **LINE 6d: 2**

SCHEDULE 1:

PART 1:

LINE 1: **CORPORATE BONDS    12000**

ETD TRANSMISSION:

FORM 4868:

LINE 4: **813**

LINE 5: **0**

LINE 6: **813**

LINE 7: **813**

**e-mail address:    efile@lamis.gov**

36-1

ON-LINE SELF-SELECT PIN INFORMATION:

**LATEST #9**

**IRS TEST # 36** (continued)

JURAT/DISCLOSURE VERSION INDICATOR: **B**

PAID PREPARER SIGNATURE: **EFIN + 28734**

PRIMARY TAXPAYER SIGNATURE: **19360**

SPOUSE SIGNATURE: **19340**

AUTHENTICATION RECORD:

PRIMARY PRIOR YEAR AGI: **26500**

PRIMARY DATE OF BIRTH: **03-15-1939**

SPOUSE PRIOR YEAR AGI: **26500**

SPOUSE DATE OF BIRTH: **05-12-1937**

TAXPAYER SIGNATURE DATE: **02-12-2005**

TRANA DATA:

SUMMARY RECORD DATA:

**SEQ 0170: TRANSMISSION TYPE CODE: O**

**SEQ 0190: IP ADDRESS: 123.456.789.99**

**SEQ 0200: IP DATE: 20050212**

**SEQ 0210: IP TIME: 1107**

**SEQ 0220: E-MAIL INDICATOR: Y**

**LATEST #9**

IRS TEST #36 (continued)

FORMS INCLUDED: FORM 1040A, FORM 1099-R (3)

FORM 1040A:

First Name, MI and Last Name:	(LATEST Y INSIGHTFUL)
Social Security Number:	(400-00-4309)
Spouse's First Name, MI, and Last Name:	(IRENE K INSIGHTFUL)
Spouse's Social Security Number:	(400-00-2309)
Home Address:	(512 HOWARD DR)
City, State, and Zip:	(WINTER PARKLA 70810)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
If filing joint, does Taxpayer's spouse want \$3.00 to go to this fund:	(YES)
Filing Status:	(MARRIED FILING JOINTLY)
Number of boxes checked on 6a and 6b:	(2)
Total number in box 6d:	(2)
Line 8a Taxable interest:	(12000)
Line 11a Total IRA distributions:	(700)
Line 11b Taxable amount:	(100)
Line 12a Total pensions and annuities:	(18000)
Line 12b Taxable amount:	(13100)
Line 14a Social security benefits:	(23000)
Line 14b Taxable amount:	(2350)
Line 15 Total income:	(27550)
Line 21 Adjusted gross income:	(27550)
Line 22 Amount from line 21:	(27550)
Line 23a Spouse born before 1/2/1940:	(X)
Spouse is blind:	(X)
Total number of boxes checked:	(2)
Line 24 Standard deduction:	(12550)
Line 25 Subtract line 24 from line 22:	(15000)
Line 26 Multiply \$3100 by the total number of exemptions on line 6d:	(6200)
Line 27 Taxable income:	(8800)
Line 28 Tax:	(883)
Line 36 Subtract line 35 from line 28:	(883)
Line 38 Total tax:	(883)
Line 43 Total payments:	(0)
Line 47 Amount you owe:	(883)
Third Party Designee:	(NO)
Taxpayer's occupation:	(RETIRED)
Spouse occupation:	(RETIRED)
Taxpayer PIN:	(19360)
Taxpayer signature date:	(02-12-2005)
Spouse PIN:	(19340)



**LATEST #9**

**IRS TEST #36** (continued):

**Form 1099-R #1:**

**Payers name address and zip code:** (THEME PARK PENSION PLAN)  
(1 BUENA VISTA WAY)  
(ANAHEIM CA 92812)  
**Payers identification number:** (72-4234444)  
**Recipients social security number:** (400-00-2309)  
**Recipients name(First, mi, Last):** (IRENE K INSIGHTFUL)  
**Recipients street address:** (512 HOWARD DR)  
**Recipients city state and zip code:** (WINTER PARK LA 70810)

**Box 1 Gross distribution:** (15000)  
**Box 2a Taxable amount:** (11000)  
**Box 7 Distribution code:** (7)  
**Box 10 State tax withheld:** (100)  
**Box 11 State/Payers state no:** (LA3300110001)

**Form 1099-R #2:**

**Payers name address and zip code:** (BIG BROKERS)  
(12 WALL STREET)  
(NEW YORK CITY NY 10005)  
**Payers identification number:** (72-4433221)  
**Recipients social security number:** (400-00-2309)  
**Recipients name(First, MI, Last):** (IRENE K INSIGHTFUL)  
**Recipients street address:** (512 HOWARD DR)  
**Recipients city state and zip code:** (WINTER PARK LA 70810)

**Box 1 Gross distribution:** (700)  
**Box 2a Taxable amount:** (100)  
**Box 7 Distribution code:** (7)  
**Box 7 IRA/SEP/SIMPLE:** (X)  
**Box 11 State/Payers state no:** (LA 132143001)  
**Box 12 State distribution:** (100)

**Form 1099-R #3:**

**Payers name address and zip code:** (FEDERAL PENSION FUND)  
(2490 BIG APPLE ST)  
(NEW YORK NY 10010)  
**Payers identification number:** (72-4328801)  
**Recipient's social security number:** (400-00-4309)  
**Recipient's name:** (LATEST Y INSIGHTFUL)  
**Recipient's street address:** (512 HOWARD DR)  
**Recipient's city state and zip code:** (WINTER PARK LA 70810)  
**Box 1 Gross distribution:** (3000)  
**Box 2a Taxable amount:** (2000)  
**Box 7 Distribution code:** (7)  
**Box 11 State/Payers state no:** (LA1321540001)  
**Box 12 State distribution:** (2000)

**LA TEST #9**  
**IRS TEST #36 (continued)**

**LA FORMS INCLUDED: LA FORMS IT 540, SCH E, SCH G**

FORM LA IT-540:

FIRST NAME INITIAL & LAST NAME:	(LATEST Y INSIGHTFUL)
SOCIAL SECURITY NUMBER:	(400-00-4309)
HOME ADDRESS:	(512 HOWARD DR)
<b>CITY STATE AND ZIP:</b>	<b>(WINTER PARK, LA 70810)</b>
FILING STATUS:	(MARRIED FILING JOINT)
TOTAL EXEMPTIONS:	(5)
LINE 7: FED ADJUSTED GROSS INCOME:	(12138)
FROM SCHEDULE E:	(X)
LINE 8: LESS FEDERAL INCOME TAX:	(883)
LINE 9: LA TAX TABLE INCOME:	(11255)
LINE 11C: OTHER NON REFUNDABLE TAX CREDITS:	(100)
LINE 11D: TOTAL NONREFUNDABLE TAX CREDITS:	(100)
LINE 12:ADJ LA INCOME TAX:	(0)
LINE 15C: AMOUNT OF TAX WITHHELD FOR 2004:	(100)
LINE 15H: TOTAL REFUNDABLE CREDITS:	(100)
LINE 16: OVERPAYMENT:	(100)
LINE 19: AMT OF LN 16 YOU WANT REFUNDED TO YOU:	(100)

SCHEDULE G

LINE 2: CREDIT FOR CERTAIN DISABILITIES:	
LINE 2A: YOURSELF:	
LINE 2B: SPOUSE:	(BLIND)
LINE 2C: DEPENDENT:	
LINE 2D: TOTAL NUMBER OF QUALIFYING INDIVIDUALS:(1)	
LINE 2E: MULTIPLY LN 2D BY \$100:	(100)
LINE 4: CREDIT FOR CERTAIN FEDERAL CREDITS	
LINE 4A: SEE INSTRUCTIONS:	
LINE 4B: MULTIPLY LINE 4A BY 10%(.10)	
LINE 33: TOTAL NONREFUNDABLE CREDITS	(100)

LA SCHEDULE E

LINE 1: FEDERAL ADJUSTED GROSS INCOME:	(27550)
LINE 3: TOTAL:	(27550)
LINE 4B: LA STATE EMP RETIREMENT BENEFITS:	(11200)
DATE RETIRED:	(03-01-2002)
LINE 4D1: FEDERAL RETIREMENT BENEFITS:	(2000)
DATE RETIRED:	(05-12-2004)
LINE 4F: TAXABLE AMOUNT OF SOCIAL SECURITY:	(2350)
LINE 4K: TOTAL	(15550)
LINE 4L: FED TAX APPLICABLE TO EXEMPT INCOME:	(138)
LINE 4M: NON-TAXABLE INCOME:	(15412)
LINE 5: LOUISIANA ADJUSTED GROSS INCOME:	(12138)

**LATEST #10**  
**IRS TEST #25**

FORMS REQUIRED: **FORM 1040**, IT540B

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: (YES)  
MICHELANGELO FETTUCCINO  
PHONE: 252-291-2344  
PIN: 54321

PREPARED BY:

TAXPAYER: NAME: <b>LATEST O OLYMPICS</b>	SSN: <b>400-00-4310</b>
DOB: <b>04-21-1970</b>	OCCUPATION: <b>INVESTMENT SPECIALIST</b>
DISABLED: <b>NO</b>	PRES ELEC FUND: <b>NO</b>
DAYTIME PHONE: 801-267-4310	BLIND: <b>NO</b>

CHECK DIGITS FROM IRS LABEL: **OT**

ADDRESS: **121 TORCH ST**  
SALT LAKE CITY, UT 84713

FILING STATUS: **QUALIFYING WIDOW(ER)**      LINE 6d: **2**  
YEAR SPOUSE DIED: **2003**

DEPENDENTS INFORMATION:

<b>NAME</b>	<b>AGE</b>	<b>SSN</b>	<b>RELATIONSHIP</b>	<b># MO</b>	<b>CHILD TAX CR</b>
WYATT <b>OLYMPICS</b>	6	400-00-4010	SON	12	X

ETD TRANSMISSION:

FORM 4868:

LINE 4: **1595**

LINE 5: **1000**

LINE 6: **595**

LINE 7: **1500**

**LATEST#10**

e-mail address:    **efile@lamis.gov**

**LATEST#10**  
**IRS TEST #25** (continued)

MILITARY PAY EXCLUSION: **\$2,100**  
NATIVE AMERICAN INCOME: **\$11,000**

THIRD PARTY DESIGNEE: **MICHELANGELO FETTUCINI**  
**PH: 252-291-2344      PIN: 54321**

**AMT PAID ON YOUR BEHALF BY A COMPOSITE PARTNER:      (625)**  
**TYLER DAVID   735649821**

LATEST#10

**IRS TEST #25 (continued)**

**FORMS INCLUDED: FORM 1040**

**FORM 1040:**

<b>First Name, MI &amp; Last Name:</b>	(LATEST O OLYMPICS)
<b>Social Security Number:</b>	(400-00-4310)
<b>Home Address:</b>	(121 TORCH ST)
<b>City, State, and Zip:</b>	(SALT LAKE CITY UT 84713)
<b>Do you want \$3.00 to go to the Presidential Campaign Fund:</b>	(YES)
<b>Filing Status:</b>	(QUALIFYING WIDOW(ER))
<b>Year Spouse Died:</b>	(2003)
<b>Dependent #1 Name:</b>	(WYATT OLYMPICS)
<b>Social Security Number:</b>	(400-00-4010)
<b>Relationship:</b>	(SON)
<b>Qualifying child for child tax credit:</b>	(X)
<b>Number of boxes checked on 6a and 6b:</b>	(1)
<b>Number of children who lived with you:</b>	(1)
<b>Total number in box 6d:</b>	(2)
<b>Line 7 Wages, salaries, tips, etc:</b>	(23100)
<b>Line 17 Rental real estate, royalties, Partnerships, S corps, trusts, etc:</b>	(1820)
<b>Line 22 Total income:</b>	(24920)
<b>Line 36 Adjusted gross income:</b>	(24920)
<b>Line 37 Amount from line 36:</b>	(24920)
<b>Line 39 Itemized or standard deduction:</b>	(9700)
<b>Line 40 Subtract line 39 from line 37:</b>	(15220)
<b>Line 41 Multiply \$3100 by the total number of exemptions on line 6d:</b>	(6200)
<b>Line 42 Taxable income:</b>	(9020)
<b>Line 43 Tax:</b>	(903)
<b>Line 45 Add lines 43 and 44:</b>	(903)
<b>Line 47 Credit for child and dependent care expenses:</b>	(900)
<b>Line 51 Child tax credit:</b>	(3)
<b>Line 55 Total credits:</b>	(903)
<b>Line 56 Subtract line 55 from line 45:</b>	(0)
<b>Line 62 Total tax:</b>	(0)
<b>Line 63 Federal income tax withheld from Forms W-2 and 1099:</b>	(5400)
<b>Line 65a Earned income credit (EIC):</b>	(865)
<b>Line 67 Additional child tax credit:</b>	(997)
<b>Line 70 Total payments:</b>	(7262)
<b>Line 71 Overpaid:</b>	(7262)
<b>Line 72a Amount you want refunded to you:</b>	(7262)
<b>Third Party Designee:</b>	(YES)
<b>Designee's name:</b>	(MICHELANGELO FETTUCCINI)
<b>Phone no:</b>	(252-291-2344)
<b>PIN:</b>	(54321)
<b>Taxpayer's Occupation:</b>	(INVESTMENT SPECIALIST)
<b>Taxpayer's Daytime Phone No:</b>	(801-267-4310)

**LATEST#10**

IRS TEST #25 (continued)

Form 1099-R #1:

Payers name address and zip code:

(LA INVESTMENT BANKERS)  
(2310 FUNDS ST)  
(BATON ROUGE LA 70821)

Payers identification number:

(43-8765411)

Recipients social security number:

(400-00-4310)

Recipients name(First, mi, Last):

(LATEST O OLYMPICS)

Recipients street address:

(121 TORCH ST)

Recipients city state and zip code:

(SALT LAKE CITY UT 84713)

Box 1 Gross distribution:

(21000)

Box 2 Federal Income tax withheld:

(5000)

Box 3 Social Security wages:

(21000)

Box 4 Social Security tax withheld:

(1302)

Box 5 Medicare wages and tips:

(21000)

Box 6 Medicare tax withheld:

(305)

Box 15 State/Employer's state ID no.:

(LA 3521016001)

Box 16 State wages, tips, etc.:

(21000)

**Box 17 State tax withheld:****(2500)**

Form 1099-R #2:

Payers name address and zip code:

(UNITED STATES NAVY)  
(95300 PENNSYLVANIA AVE)  
(WASHINGTON DC 20044)

Payers identification number:

(43-8885556)

Recipients social security number:

(400-00-4310)

Recipients name(First, mi, Last):

(LATEST O OLYMPICS)

Recipients street address:

(121 TORCH ST)

Recipients city state and zip code:

(SALT LAKE CITY UT 84713)

Box 1 Gross distribution:

(2100)

Box 2 Federal Income tax withheld:

(400)

Box 3 Social Security wages:

(2100)

Box 4 Social Security tax withheld:

(130)

Box 5 Medicare wages and tips:

(2100)

Box 6 Medicare tax withheld:

(30)

Box 15 State/Employer's state ID no.:

(UT 5611654001)

Box 16 State wages, tips, etc.:

(2100)